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CONFIRMATION NO. 6027

<b>SERIAL NUMBER</b> 10/700,720	<b>FILING OR 371(c) DATE</b> 11/03/2003 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3693	<b>ATTORNEY DOCKET NO.</b>
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/456,138 03/19/2003  
 and is a CIP of 10/273,961 10/16/2002  
 which claims benefit of 60/329,773 10/16/2001  
 and claims benefit of 60/338,770 12/05/2001  
 and claims benefit of 60/342,607 12/21/2001  
 This application 10/700,720  
 is a CIP of 09/894,644 06/27/2001 ABN \*  
 which claims benefit of 60/214,088 06/27/2000 \*  
 This application 10/700,720  
 is a CIP of PCT/US02/33584 10/16/2002  
 (\*)Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 02/11/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY OR</b>	<b>SHEETS DRAWING</b> 30	<b>TOTAL CLAIMS</b> 50	<b>INDEPENDENT CLAIMS</b> 7
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**  
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**TITLE**  
 Single source money management system

<b>FILING FEE RECEIVED</b> 827	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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